

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

677742

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	EP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	4	↓	↓	↓		
TOTAL CLAIMS	7					

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TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				